

REQUEST FORM FOR APPROVAL FOR INDEPENDENT STUDY

This form must be completed and returned to the Department of Communication Office, HE 464, prior to registration for Independent Study.

| | | | |
|---|------------|------|-------------------|
| Last Name | First Name | ID # | Major |
| <input type="checkbox"/> Journlsm 498 <input type="checkbox"/> Journlsm 798 * <input type="checkbox"/> MAGD 498 | | | |
| <input type="checkbox"/> Comm 498 <input type="checkbox"/> Comm 798 * | | | Independent Study |

| Semester | Year | Subject Name | Class # (4-digit) | Section | Course Title |
|----------|------|--------------|-------------------|---------|--------------|
|----------|------|--------------|-------------------|---------|--------------|

The above student has asked me if I would be his/her advisor for Independent Study for the semester indicated above. We have discussed one or more possible topics for a project and have agreed upon _____ credits as representative of the work to be accomplished.

Students Signature Date

Faculty Signature Date

*Graduate Coordinator signature required for Journlsm/Comm 798 requests

Graduate Coordinator Date